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CETE MERCHANISME	QUAKER CHEMICAL CO. 10735 KADOTA AVE., MONTCLAIR, CA 91746		A. State Manifest Document Number 87118671 B. State Generator's ID			
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Name of Street	5. Transporter 1 Company Name UMEGA RECOVERY SERVICES CAD 042245 001 7. Transporter 2 Company Name 8. US EPA ID Number	1 1 1	D. Tre	nsporter's Phose te Transporter's H	213/698	
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PROGRAM AS	1C1 AD 1042245,001	Commence of the same		213/698	-0991	
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	15. Special Handling Instructions and Additional Information		Ċ	<u>9/</u>	d	
	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment name and are classified, packed, marked, and labeled, and are in all respects in proper international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the voice remined to be economically practicable and that I have selected the practicable metions which minimizes the present and future threat to human health and the environment; of the property of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and future threat to human health and the environment; of the present and the	r condition olume and hod of trea OB. if I am	for tran	of waste genera storage, or dispo	y according to a sted to the degree osal currently ave	
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3	. Generator's Name and Mailing Address			A. Slate Ma	nifeet Docum	1 O A	%4
	QUAKER CHEMICAL COMPANY	01766			9/1	TOT	<u> </u>
1	10735 KADOTA AVENUE, POMONA, CA	91766		B. State Ge	nerator's ID		
	. Generator's Phone (714) 6.29 - 9776 Transporter 1 Company Name 6.	US EPA ID Number		C. State Tra		رلال	Jan 1
ľ		0142 245 1001		D. Transpor	Part State Comment	717	0988 / 000-000
7	Transporter 2 Company Name 8.	US EPA ID Number	The Head	E. State Tra	naporter's IC		050-05
L			1 1 1	F. Transport	er's Phone		
9	Designated Facility Name and Site Address 10.	US EPA ID Number		G. State Fa			_ ,
	OMEGA RECOVERY SERVICES			CAID H. Facility's	642	241	siglo11
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\vdash	WHITTIER, CA. 90602 [CAD]	0 42 245 001	12. Contai		3. Total	14.	
1	 US DOT Description (Including Proper Shipping Name, Hazard Class, a 	and ID Number)	No.	Туре	Quantity	Unit Wt/Vol	Waste No
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L			00 17	DM OK	371P to	G	
ь		9189			1		State
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	HAZARDOUS WASTE SOLID NOS NA	9189			\$.		EPA/Other
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-	Additional Description of a Manager Links of About		Ш	V Upadling	Codes for W	l l	ted Above
1	. Additional Descriptions for Materials Listed Above			a.		Ъ.	
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1	5. Special Handling Instructions and Additional Information						
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	GENERATOR'S CERTIFICATION: I hereby declare that the contename and are classified, packed, marked, and labeled, and are	ents of this consignment in all respects in prope	are fully and r condition	d accurately for transport	by highwa	above by y accord	ing to applicab
	international and national government regulations. If I am a large quantity generator, I certify that I have a program				ii ii		
	determined to be economically practicable and that I have select me which minimizes the present and future threat to human healt	cted the practicable met	hod of trea	tment, stora	ge, or dispo	osal curre	ently available
	faith effort to minimize my waste generation and select the best w	vaste management metho	od that is a	vailable to m	e and that I	can affo	rd.
P	rinted/Typed Name	Signature //	//	1	ķ.		Month Day
	JIM JACK	Vm /	tous	C		- (01/10161
1	7. Transporter 1 Acknowledgement of Receipt of Materials	11	1		N.		
10	rinted/Typed Name	Signature	11/1	11-		•	Month Day
- 1	BOBERT J CIRINGEOUS	- Jak	/	Chris	dove		011061
	8. Transporter 2 Acknowledgement of Receipt of Materials	Signature	2	-4			Month Day
1	rinted/Typed Name	Signature 2			No.	,	1 1 1 1
1					No.	***************************************	
1 P	9 Discrepancy Indication Space						
1 P	9 Discrepancy Indication Space						
1 P	9 Discrepancy Indication Space						
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1 P	D. Facility Owner or Operator Certification of receipt of hazardous materi		est except a	s noted in Ite	m 19.		Month Day
1 P	ū	ials covered by this manife	ost except a	s noted in Ite	m 19.		Month Day

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

1	o. Generator s Name and Mailing Address	5151216121 4 11 819		A. Sta	to Man	itest Docum	ent Nur	does .
	MULTI-CHEMICAL PRODU 2128 MERCED SOUTH EL	CTS MONTE DA GIO	732	B 814		8 1 prestor a 10	75	696
	6. Generator's Phone (2/3) 686-0682	MENTE, CA. TI		D. 318		1 1 1	f. t	1 1 1 1
	5. Transporter 1 Company Name 6			113 145 1460	177.5 500	eporter's IC		190219
	SANDERS ENVIRONMENTAL SERVICES Transporter 2 Company Name 8.	US EPA ID Number	141914			eporter's ID		<i>273-8</i>
•	S. Statisporter 2 Company reality	I I I I I I I I I	1 1 1	wire ditto	Marie State	r's Phone		
•	9. Designated Facility Name and Site Address OPIEGA RECOVERY SERVICES	D. US EPA ID Number	1	40		10412	124	1510101
	2504 É WHITTIAB, DIVO WHITTIÉR, CA 90802 K		SADU	7	17-	-698	2- C	1991
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	15. Special Handling Instructions and Additional Information GLOVES, GOGGLES, PR	contents of this consignment as ill respects in proper condition am in place to reduce the volum racticable method of treatment it; OR, if I am a small quantity	re fully and a for transport ne and toxicit t, storage, or generator, I h	ccurately by highway of was disposa	ste gen	erated to th	e degre	e I have deter which minimize inimize my was
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To: P.O. 8ox 3000, Sacramento, CA 95812

SHIPPER 20502 at 02-14-89
State of California-Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Secremento, California

WASTE MANIFEST C A D 0 4	US EPA ID No. 415 5 2 6 2 4 1 1	Manifest ocument No.	2.	Page 1 of 1	1		the shaded by Federal
3. Generator's Nume and Mailing Address MULTI-CHEMICAL PRODUCTS INC. 2128 MERCED AVE., SO. EL MONTE		harr-kasudare ukas	A. St	ate Manif	P 8		527
4. Generator's Phone (213)686-0682 5. Transporter 1 Company Mame	6. US EPA ID Numbe)r		100000000000000000000000000000000000000			Щ
OMEGA RECOVERY SERVICES 7. Transporter 2 Company Name	1C A ₁ D 0 4 2 2 4 8. US EPA ID Numbe	5 0 0 1	D. To	naporter naporter	s Phone	(213	3 88
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD	10. US EPA ID Number	<u> </u>	G. St	ADL	y's ID	² 2 4	15/90
WHITTIER, CA 90602	ICIAIDI0141212141			213)		-	
11. US DOT Description (Including Proper Shipping Name, Haz		12. Cont No.	Type	13. T Qe	otal santity	14. Unit Wt/Vol	Wa
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J. Additional Descriptions for Materials Listed Above			K. Hai	odling Cod	les for W	estes Li b.	sted Above
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15. Special Handling Instructions and Additional Information	and the same was the same of t	THE PROPERTY OF THE PARTY OF	-				
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To: P.O. Box 3000, Sacramento, CA 95812

State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) See Instructions on Back of Page 6 Department of Health Services Toxic Substances Control Division Sacramento, California Prose print of type. (Form designed for use on elite (12-pitch typewriter). and Front of Page 7 UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest 2. Page 1 Information in the shaded areas CAD 045, 526 241 WASTE MANIFEST is not required by Federal law. 3. Generator's Name and Malling Address A. State Manifest Document Number MULTI-CHEMICAL PRODUCTS INC. 2128 MERCED AVE.., SO EL MONTE, CA. 91733 2. State Generator's ID 4. Generator's Phone (213 686-0682 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's ID OMEGA RECOVERY SERVICES GAD 042,245 001 D. Transporter's Phone 213 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Facility's In OMEGA RECOVERY SERVICES CADD 4 2245001 12504 E, WHITTIER BLVD WHITTIER, CA 90602 1 QAD 042,245 001 213 698-0991 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12. Containers 13. Total Quantity Weste No No. Туре Wt/Vo AWASTE COMBUSTIBLE LIQUID N.O.S $\overset{\text{State}}{221}$ (WASTE OIL) EPA/Othce 101017115 1-800-424-8802: State EPA/Other State EPA/Cithou CENTER EPA/Other RESPONSE J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes List of Above NATIONAL 15. Special Handling Instructions and Additional Information 무 PROFILE NUMBER A16252 CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILL. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. 8 EMERGENCY Printed LTyped Name Month Day 17. Transporter 1 Acknowledgement of Receipt of Materials RANSPORT AN Printed/Typed Name Signature Month Day Year 9 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signatura Month Day Year 19. Discrepancy Indication Space A 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Month Day Year 10151214 9,0

DHS 8022 A (1/88)

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete. Do Not Write Below This Line

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